

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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NAME: COS SAMOA PACKING CO
ADDRESS: P.O. BOX 957
PAGO PAGO, AS 96799
FACILITY: COS SAMOA TUNA CANNERY
LOCATION: P.O. BOX 957
PAGO PAGO, AS 96799
ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

001S
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001S/SEMIANNUAL
External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
08	07	01		08	12	31	

FROM

TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Statre 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****		*****	*****					
TAN3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	%		Once Every 6 Months	COMPOS
Noel Statre 96Hr Acute Mysidopsis Bahia	SAMPLE MEASUREMENT	*****	*****		*****	*****					
TBN3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	%		Once Every 6 Months	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		AREA Code	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)